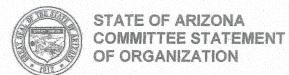
M Initial Application
Amended Application
Date: 04/07/2020



COMMITTEE ID NUMBER
(office use only)
MAL-2020-001
City Clerk



City Clerk

FEB 1 8 2020

COMMITTEE TYPE (choose one):

(if applicable)

☑ Candidate Orsborn for Mayor Committee Name (required): (first or last name & office) Candidate's Name (required): Eric W. Orsborn Candidate Information: Candidate's mailing address (required): 20636 W. Grandview Drive Buckeye, AZ 85396 Candidate's email address (required): ericorsborn@cox.net Candidate's phone number (required): 623 218 6416 623 695-0345 Candidate's website (if any): www.ericorsborn.com Office Sought (choose one): ☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer ☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissioner ☐ State House of Representatives ☐ District (required): \_\_\_\_ ☐ State Senate ☐ District (if applicable): ☐ County Office: \_\_\_ ☑ City/Town Office: Mayor At Large ☐ District (if applicable): Election Cycle for Office Sought (year the election will take place) (required): 2020 ☐ Green ☐ Libertarian ☐ Republican ☐ Other: Party Affiliation: □ Democrat (required for partisan offices) ☐ Political Action Committee (PAC) Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures (select any that apply) Sponsor's name or nickname (required): Sponsorship Information: Sponsor's mailing address (required): (if applicable) Sponsor's email address (required): \_\_\_\_ Sponsor's phone number (if any): \_\_\_\_ Sponsor's website (if any): \_ ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Special Status ☐ Standing Committee (must also complete separate standing committee registration) (if applicable) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) ☐ Political Party Committee Name (required): (must include party affiliation) ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) Jurisdiction: ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) ☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Standing Committee (must also complete separate standing committee registration) Special Status

M Initial Application
Amended Application
Date:



COMMITTEE ID NUMBER (office use only)

MAL-2020-001

## COMMITTEE INFORMATION:

City Clerk Cury Clerk

APR 0 7 2020

Committee's mailing address (required): 20636 W. Grandview Drive Buckeye, AZ 85396

Contact Information: ericorsborn@cox.net Committee's email address (required): Committee's phone number (if any): 623 218-6415 623 695-0345 Committee's website (if any): www.ericorsbom@cox.net Chairperson's name (required): Eric Orsborn Chairperson's Information: 20636 W. Grandview Drive Buckeye, AZ 85396 Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): \_ericorsborn@cox.net Chairperson's phone number (required): 623 218-6415 Chairperson's employer (required): OCM, LLC (Self Employed) Chairperson's occupation (required): Small Business Owner (Construction) Treasurer's name (required): Tina Orsborn Treasurer's Information: Treasurer's physical address (required): 20636 W. Grandview Drive Buckeye, AZ 85396 Treasurer's mailing address (if different): Treasurer's email address (required): etejorsborn1@cox.net Treasurer's phone number (required): 623 218-6415 623 337-2354. END Treasurer's employer (required): OCM, LLC Treasurer's occupation (required): Book Keeping

Bank or Financial Institution: (do not list acct numbers) Bank name (required): West Valley National Bank
Additional bank name (fapplicable):

Additional bank name (if applicable):

## **DECLARATION AND SIGNATURES:**

r e e e e e e e e e e e e e e e e e e e	
I declare under penalty of perjury that the foregoing information is true and correct chairperson or treasurer of the committee named herein, if applicable; (2) designal committee and authorize it to receive/make contributions/expenditures on my beha campaign finance and reporting guide; (4) agree to comply with Arizona election is §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of paddress(es) provided herein.	te the above-named committee as my official candidate alf, if applicable; (3) have read the Secretary of State's aw, including campaign finance laws codified at A.R.S.
	, /
Chairperson's signature	Date: 2/10/20
Treasurer's signature: Sina Orsen	Date: 2   18   20
Candidate's signature (if applicable):	Date: 2/18/20